JournalScan

Changing social relationships

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JournalScan aims to bring different academic perspectives to bear and in this issue a range of sociological perspectives are offered on changes in the social relationships that are so central to health: changing connections between people, new power relations, and the revolutionary impact of the internet. The papers provide insights into (1) whether current approaches to health promotion can be made more effective; (2) how and whether social connections enhance health; and (3) whether internet technology will have a positive or negative effect on individual and social health.

New ways of thinking about health promotion ►

One of the key aims of policymakers is to enhance people's knowledge about health and improve their capacity for meeting their own needs. Over time, men have been a difficult group to speak to.

Understanding better how men think about food ► It is thought that the notion of masculinity is important in men's avoidance of health advice. Traditionally masculine attributes such as risk taking, perceived invulnerability, and endurance of pain potentially exacerbate health problems and deter men from seeking professional help. Masculinity is also an important notion when it comes to food itself. A 2001 study in Scandinavia interviewed different occupational groups and found that working class men construed food in terms of fuel and rejected mainstream middle class associations between food and health. In contrast, middle class participants viewed food more in terms of pleasure and critiqued traditional masculinities where food was not appreciated.

Gough and Conner interviewed 24 men from the Yorkshire region of the UK and examined perceived barriers to healthy eating. They found three core themes:

- Practical constraints: time and expense as well as work commitments.
- Reacting against an intrusive health lobby: men promoting resistance and reclaiming eating as personal choice.
- Men see healthy eating as monotonous and insubstantial but necessary when physically vulnerable.

Discussion centres on the second theme. Men are wary of messages they feel are designed to control them.

"I think they have a vested interest really—they want to cut down on public spending, especially on health services ... I think what's behind it really is economics rather than health eating, or supposedly health eating." (Age 47)

Some men feel media messages about healthy eating felt oppressive. They *"ram it down us throats"*.

According to the authors, personal preferences and pleasure were valued over government advice. They stated that: "Information was seen as misleading, ideological, even hysterical, and the amount and confusion of messages was greatly lamented. The rational response in the face of such excess and extremism was to be sensible and balanced in forging one's own path. Thus, conventionally masculine virtues of reason, autonomy and control prevailed: irrational forces from external sources must be contained and individual agency preserved."

They also stated that: "Interestingly, it would appear that the main legitimate context for switching to a healthier diet was the intervention of medical authority. Some participants had altered

their diets to conform to medical advice, especially when this advice was delivered in an individualised, direct manner."

Health messages seem to be most effective when they are individually tailored. The authors say health promoters might do well to incorporate the notion of informed choices in their literature. It should be couched in rational terms—that is, avoiding dramatic or emotive claims about diet related health risks. They suggest that leaflets should link diet to lifestyle choices.

▲ Gough B, Conner M. Barriers to healthy eating amongst men: a qualitative analysis. *Soc Sci Med* 2006;62:387-95.

Arguing against client centred health promotion: a case study of sex education ► A paper from Ireland notes that "new wave health promotion embraces a bottom-up rather than a top-down approach, where health workers focus on enabling and empowering people to identify and meet their own needs". Their study focuses specifically on the issue of young men's self-identified needs in relation to sex education.

The researchers held 29 focus groups in 10 schools, half in the city of Dublin and half in rural areas. They noticed a difference in the way that women and men identified their needs. "What distinguished the young women's needs from those of the young men was their additional interest in covering the topics of emotions and relationships in sex education classes. While young men and women did identify some shared issues (such as more information on STIs), unlike their female counterparts, males tended to want more information on the practical issues around the mechanics of sex, such as advice on how to put a condom on. They wanted 'how to' guides."

One participant said that, within school sex education *"there was nothing about how to please a woman"*. Another added: *"You need more things like, a lot of people don't know about 'em, what to do"*.

The authors say there are barriers to boys seeking out information because peer groups "invigilate cultural norms of masculinity" and reading up "risked aspersions being cast upon their sexual prowess". They are worried about the negative reinforcement these views of sex have on the way men see sex and women. They state: "There is of course nothing inherently sexist about a young man wanting to learn how to put on a condom properly; indeed, for responsible sexual behaviour this practical knowledge is essential. What problematizes it is that it seems to be bound up with the issue of perfecting performance around the act of penetrative sex as a central feature of expressing masculinity."

In the authors' view, their findings raise two key issues around (1) the credibility of client groups identifying their own needs; and (2) the complexity of the concept of "empowerment". The recent trend in health promotion is a "relativist" philosophy which eschews judgement, but allowing young men to identify their own information needs could risk sustaining a secondary sex role for women in the realms of sexuality.

The paper concludes that emancipatory models should be adopted that attempt to lift the consciousness of young men which, rather than allowing them to identify their own needs and help them find information, instead concentrates on "enlightening people and revising their world views by exposing them to a new set of discourses".

▲ Hyde A, Howlett E, Drennan J, et al. Masculinities and young men's sex education needs in Ireland: problematizing client-centred health promotion approaches. *Health Promotion Int* 2006;20:334-41.

Do social connections enhance health and how?

What role do older women play in promoting health in their immediate communities? ► In much of the literature older people, and women in particular, are seen as ill and a drain on society's resources. Boneham and Sixsmith wished to explore the

role of older women in the development of "social capital" and to determine what they contribute to health within this.

Social capital is a concept that has been widely debated and challenged. Its modern father, Robert Putnam, says that social capital is a feature of social organisation "such as networks, norms and trust that facilitate coordination and cooperation for mutual benefit" (1995). But researchers have found it difficult to "operationalise" the concept and have so far failed to yield consistent and coherent results concerning the manifestation of social capital. For a start, Putnam's concept treats all communities and people within them as homogenous groups, yet research shows that age and gender are important variables.

The authors report on a qualitative approach to explore women's accounts of their health experience. Nineteen women of mean age 69 years (range 55–82) were interviewed. Participants included a mix of active and housebound individuals, healthy people and those with disabilities, people who were isolated, and others supported by family and friends.

Women offer experience and information through their social networks. They encourage family and friends to seek help and offer advice on first steps to manage a problem. Conversations arose in reaction to situations on the television or in everyday talk. *"Women do talk about these things don't they, it's only natural."*

Some of the older women talked of the health benefits of mutual proximity in a sheltered housing complex. They were the builders and maintainers of social capacity. They were aware of the negative consequences of social isolation which many took steps to combat. *"Well if you're on your own and you're not communicating you're bound to be unhealthy, aren't you?"* Some of the women telephoned each other a few evenings a week "to check that all was well".

The authors say their findings counter the assumption that older women in the community are passive dependents. Instead, a more complex picture emerged whereby social capital was created and maintained in bonding ties by older women who played a key part in the health of their immediate community. They consider that previous research has underplayed the importance of older women as guardians of their family's health and as a gatekeeper to services.

The paper concludes by suggesting that this study reveals the more subtle processes in which social capital is created and maintained differently by men and women. In terms of health promotion, older women may be a particular target audience to promote certain kinds of information.

▲ Boneham M, Sixsmith J. The voices of older women in a disadvantaged community: issues of health and social capital. *Soc Sci Med* 2006;62:269–79.

Does social capital benefit everyone in the community or mainly those who are most socially active? ► According to Poortinga, although it is now widely acknowledged that the social environment is important for people's health and well being, there is less agreement about the specific nature of this relationship and whether social capital is a collective attribute of communities or whether its beneficial properties are associated with individuals and their social relationships.

While the distinction is, of course, academic, the answer is important in guiding policy and determining where initiatives to promote self-care and increase individual knowledge should focus their efforts. Should policy seek to create social architecture or should it focus on individuals and their networks? Not all agree that social capital is collective. Some say social capital is defined by "the capacity of individuals to command scarce resources by virtue of their membership in networks or broader social structures".

Poortinga mined data from the European Social Survey to investigate the importance of social capital for people's self-rated health status and correlated this status with a range of "social trust indicators" and measures of "civic participation". The results showed that Scandinavian countries report the highest level of social trust, followed by northern and mid-European countries. Southern and Eastern European countries tended to have lower levels of social trust. A largely similar pattern was found for civic participation. However, mid-European countries such as Switzerland, Ireland, Belgium, Denmark, Austria and the Netherlands reported the best health status. Hungary was the only country with less than half of the respondents reporting a good or very good general health.

Poortinga found that "the association between social trust, number of memberships, and subjective health is significant at the

individual level", and concluded that "the beneficial properties of social capital are mainly attributable to the social networks of individuals"—that is, the effects are locally isolated within different groups. He considers that "the benefits of social capital seem to have been generated through an interaction between individuals and their social environment. This fits the conceptualisation of social capital as a social resource and ... as with natural resources, individuals can only benefit from social capital if they are able to access it."

▲ Poortinga W. Social capital: an individual or collective resource for health? *Soc Sci Med* 2006;62:292–302.

Does the internet help sustain social capital and better support distinctive social groups?

Growing interest in whether social capital can be developed on the internet ► Using participant observation and discourse analysis, researchers from the US examined a "mothering" website. Their aim was to investigate whether social capacity was present and, if so, how it was developed and used.

Putnam, a leading social capital scholar, is undecided whether cyber networks enhance social capital or endanger it. Will the internet become predominantly "a means of active, social communication or a means of passive, private entertainment"?

This study aims to identify the conditions under which the internet creates social support, including companionship, emotional and material aid, goods and services, information and a sense of belonging. The researchers examined a parents' website between September 2000 and May 2002 and followed a cohort of first time mothers. In this time over 10 000 threads or topics were posted, and during the height of activity there were 629 members in the "birth club" part of the site. The website has a supportive ethos. It was common for people to reply to a posting with some supportive words ending "We care" and "We're listening". Reinforcing ambitions to be good mothers, posters would refer to others as "ds" (dear son), "dh" (dear husband), and "dd" (dear daughter).

According to the authors, the common thread is that these mothers were under stress and were seeking out the support of others who understood the situation they faced. Although the site was predominantly supportive, the board was not without its share of conflict. Disputes arose around how long a mother should leave a child crying for. After a few argumentative threads, "Judi", new to the debate, replies:

"No one is asking for anyone to give blind support to anyone on this board. [But] this is not a debate board and not a 'trashing' someone's parenting skill's board ... Just please do not go around criticizing her for making a parental choice different from your own unique style."

In another debate the site manager had to post a message clarifying the purpose of the web forum.

"I'd like to ... share with you what support boards are for, especially in light of what has recently shaken the regular, happy nature of this board. Support boards, like this one, are created ... for SUPPORT ... We should all be supportive of one another and try to steer away from unsupportive or negative posts."

According to the researchers, the website plays an interesting role in the demystification of medicine and helps to strengthen the self-help social movement. They stated that: "This website moved the information from science and professionals to women themselves and created an online community, which provided the means for instrumental and emotional support".

They conclude by saying: "We agree with those who argue we must increasingly identify the conditions under which cyber-communities enhance or decrease social capital".

▲ Drentea P, Moren-Cross J. Social capital and social support on the web: the case of an internet mother site. *Social Health Illness* 2005;920–43.

Are internet communities always supportive? ► It could be argued that not all websites are supportive of medical ambitions. This paper by Fox *et al* is a gripping account of a particular website community, a support site for anorexic women.

Anorexia is notoriously difficult to treat and has the highest mortality rate of all the psychiatric illnesses. The web community is part of a "pro-ana" (pro-anorexia) movement which promotes a

managed approach to anorexia, redefining it outside medical or other professional discourses.

The researchers aimed "to consider how participants construct their social identities in relation to their anorexic condition" as well as "how the internet may facilitate the subversion of medical technologies for alternative uses". This is examined with reference to recent emphasis on developing "expert patients".

The *Anagrrl* website was created by "Lily" and had been forced to close and re-open under different names, but at the time of the research "was a thriving, supportive and lively community that provided a comprehensive website". Its creator says the website is "a means to enable participants to take an active role in living with what society considers a debilitating, dangerous and shameful disease". A message appears on the home screen outlining the controversial views of the site, which included a section entitled "thinspiration"—"triggering" photographs of slim celebrities to inspire and sustain anorectic behaviour. The site attracted participants from the UK, US, New Zealand and Australia. The users were overwhelmingly females between 14 and 42, with the majority around the ages of 17–20.

A researcher joined the group—overtly—and studied the site for seven months in 2003. She said she was "researching the topic of the internet and pharmaceutical drugs for weight loss". Website members shared tips on how to cope with the disease, such as how to eat confidently in front of nosy relatives. Typically, message posters signed off with their current weight, goal weight, and details of the most and least they had weighed. After several months the researcher made a decision to leave the group and sent a message to the forum to explain why.

"I think I'm going to leave this forum ... It seems it's full of selfish people thriving on attention and I don't feel like anyone is being supported as they should be. I love it when people join this board and I always welcome everyone. But not if you are selfish and looking for a quick diet. One girl, who will remain nameless, from this board, sent me a message a few days ago and asked me how to become anorectic ... I wouldn't help."

The article doesn't mention whether the message was part of a research plan to trigger debate or whether the researcher just couldn't take any more. Not knowing this makes the remainder of the paper difficult to follow. The posting led to a debate. In response, one girl wrote:

"... this board SHOULD be used for pro-anorecticS. Not pro-anorexia. We should not be in favour of the disease that kills thousands of girls a year, rather in favour of the girls and boys who have this horrible disease."

Others said, they weren't ready for recovery—

"but I certainly am not yet – and I am sick and I like to know there are people out there who feel the same way as me".

The researchers say that the website serves as a "sanctuary" for troubled individuals to flee to and take refuge in. They concentrate their conclusions on two points: (1) the use of an online community to support a body of "expertise" that runs counter to dominant medical and social models and (2) how such underground movements appropriate technologies to create and sustain an "anti-medical model" of anorexia.

Throughout the paper the researchers highlight the contradictory nature of the movement and its attitudes to the anorectic condition as both a damaging behaviour and a condition to be maintained. The notion of an "expert patient" in health policies tends to assume a degree of taking control over one's health, but it also assumes compliance with medical consensus. They conclude that "the internet is also used by those who reject and resist mainstream models of health and illness" and that "technology is socially constructed and can only be understood in a social context".

▲ Fox N, Ward K, O'Rourke A. Pro-anorexia, weight-loss drugs and the internet: an 'anti-recovery' explanatory model of anorexia. *Social Health Illness* 2005:944–71.

Threats from the internet are exaggerated ► While the paper on the anorexia website community shows the potential for cyberspace to promote rival explanations of health, a paper by Nettleton *et al* which examined people's everyday internet usage is very positive about the way the majority of people can use the internet.

The researchers note three chief responses to the proliferation of internet based health information:

- *Celebratory and empowering.* Some—mostly sociologists—have viewed the growth of the lay use of the internet in almost celebratory terms because of the supposed potential that the technology has for recalibrating power relations between patients and health professionals.
- *Concerned and dangerous.* A second perspective comes mainly, but not exclusively, from the medical profession. It is concerned that the growth of the internet will generate additional demands, and is worried about the supposed poor quality of some internet-sourced information and that lay people have insufficient expertise to assess and appraise the reliability of information.
- *Contingent and embedded.* A third perspective argues that both the above views overstate their cases.

Through their analysis of people's accounts of their everyday use of the internet to source health information, the authors were able to discern a number of ways in which the study members accomplish the legitimacy of information sources. They present "the linguistic repertoires that people use when accounting for their actions".

- The idea that virtually sourced information was produced by a "real" and known organisation was a critical factor for many people. Knowing that they could have "real contact" with the organisation which provided the material and that they were respected institutions was often mentioned.
- For some people an element of nationalism was invoked. One woman said "she would not look at 'anything that was not British'." Like a number of people, "she would try to avoid anything that was American", which people found "a bit dramatic".
- People are wary of the qualifications of the advisor. Someone trained in Edinburgh is likely to be more trusted in Britain than someone trained at a foreign university with which they were unfamiliar.
- British people are generally uncomfortable with commercial sites. However, some commercial sources were trusted because they were so familiar—such as Boots, a long established UK retail pharmacy.
- British people tend to avoid chat rooms because what people say there is "only an opinion, isn't it?"
- A final device that participants spoke about was "replication"—when they "keep finding the same thing".

The researchers say that these accounts reveal how information is being used "in rational and sensible ways to enhance their healthcare experiences and contribute to their effective use of it". They argue that the internet age should not be threatening to professionals as they are witnessing confirmation of the "media convergence" thesis which argues that online information is becoming structured in ways which are congruent with more traditional forms of media.

One important change in society is the displacement of "discursive knowledge" with "informational knowledge". The former implies a unit of beliefs. By contrast, the latter has no unity—it is characterised by "disembeddedness". Thus, while there appear to be near infinite resources, "there is a juxtaposition of epistemologically incommensurate sites all vying for information". Consequently, lay users want some kind of assisting framework to unify this information. This is something they often look to professionals to provide. Analysis of search engines shows that lay users are increasingly guided toward resources "that are more and more similar to those that dominate old media". Given the evidence that lay people use information in a discerning way and that they need a trusted source to endorse internet information, it is unlikely that the internet will contribute to a revolt against professionals, but it will change the way lay people relate to them.

▲ Nettleton S, Burrows R, O'Malley L. The mundane realities of the everyday lay use of the internet for health, and their consequences for media convergence. *Social Health Illness* 2005:972–92.

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